

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 10/614382

APPLICANT(S)

6/29/04

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
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40	/					
41	/					
42	/					
43	/					
44	/					
45	/					
46						
47						
48						
49						
50						
TOTAL IND.	/					
TOTAL DEP.	43	↓	↓	↓		
TOTAL CLAIMS	44	████████	████████	████████		

SERIAL NO.	10/614382		FILING DATE
APPLICANT(S)			
IND.			
DEP.			
CLAIMS			